



PESTICIDE SENSITIVE INDIVIDUAL
RENEWAL

Return application to address shown above right

Washington State Department of Agriculture
Pesticide Management Division
PO Box 42589
Olympia, WA 98504-2589

PART I – Pesticide Sensitive Individual

Based on the information provided on the completed form below, I request that my name be placed on the Washington State Department of Agriculture List of Pesticide Sensitive Individuals. I understand that this is an annual registration, and the list will expire each year on December 31. It is my responsibility to renew this registration, and to notify the department of any changes in the information below.

SIGNATURE

DATE

NOTE: The list of Pesticide Sensitive Individuals is distributed by January 1 and June 15 of each year to certified applicators likely to make landscape applications. If you register after distribution of the list, you may wish to notify certified applicators operating in your area.

Please Print Legibly or Type the Below Requested Information

LAST NAME		FIRST NAME		MIDDLE INITIAL
PHYSICAL ADDRESS – Street Address			APT. #	DAY TIME PHONE NUMBER ()
CITY	STATE	ZIP	EVENING PHONE NUMBER ()	
MAILING ADDRESS – If different than above		CITY	STATE	ZIP
Is your residence located within a multi-family dwelling? (Please circle one): <input type="checkbox"/> Yes <input type="checkbox"/> No If your answer is YES, please complete the following:				
MANAGER'S / OWNER'S NAME			PHONE NUMBER ()	
ADDRESS	APT. #	CITY	STATE	ZIP

PART II – ADJACENT PROPERTIES (Check One)

- ☐ There are *no changes on the adjacent properties* from those previously registered with the department.
- ☐ Changes on the registered adjacent properties have occurred. **Complete Part II-A below.**

PART II-A– Adjacent Properties

The following properties are adjacent (**directly connecting**) properties next to your property. (DO NOT INCLUDE ADDRESSES ACROSS THE STREET FROM YOUR RESIDENCE.) This portion must be completed to provide adequate notification of anticipated pesticide applications.

① STREET ADDRESS -- Street No., Name, Apt. #	CITY	STATE	ZIP
PROPERTY OWNER -- LAST NAME	FIRST NAME	PHONE ()	
② STREET ADDRESS -- Street No., Name, Apt. #	CITY	STATE	ZIP
PROPERTY OWNER -- LAST NAME	FIRST NAME	PHONE ()	
③ STREET ADDRESS -- Street No., Name, Apt. #	CITY	STATE	ZIP
PROPERTY OWNER -- LAST NAME	FIRST NAME	PHONE ()	
④ STREET ADDRESS -- Street No., Name, Apt. #	CITY	STATE	ZIP
PROPERTY OWNER -- LAST NAME	FIRST NAME	PHONE ()	
⑤ STREET ADDRESS -- Street No., Name, Apt. #	CITY	STATE	ZIP
PROPERTY OWNER -- LAST NAME	FIRST NAME	PHONE ()	

Please mail this completed form to:

WSDA, Pesticide Management Division, P.O. Box 42589, Olympia, WA 98504-2589.

A copy will be returned to you with the section below completed as verification that your name has been placed on the list.

PART III – Department Verification

Your receipt of this document is verification that your name has been placed on the Washington State Department of Agriculture Individuals Sensitive to Pesticide List. It is your responsibility to notify the department of any change in your address, telephone number, ownership of adjacent property, or change in your pesticide sensitivity condition.

DEPARTMENT REPRESENTATIVE

DATE PLACED ON REGISTER

IDENTIFICATION NUMBER

EXPIRATION DATE